

**VA/DoD Tobacco Use
Cessation (TUC)
Guidelines
POCKET
CARD**

Medication Table (VA/DoD guideline Appendix 2)

Pharmacotherapy

Considerations for Tobacco Use Cessation

1. Who should receive?

All tobacco users trying to quit except for:

- Medical contraindications
- Non-nicotine dependence
- Pregnant/breast feeding
- Adolescents

2. Who may not benefit?

Non-nicotine dependent patients with no withdrawal symptoms.

Nicotine dependence pharmacotherapies treat nicotine withdrawal symptoms and may not benefit users who are not nicotine dependent and have no withdrawal

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| <p>3. What about low level tobacco users (less than 10-15 cigarettes per day or less than one can/pouch of tobacco per week)?</p> | <p>Consider reducing dose of Nicotine Replacement Therapy (NRT). No adjustments with Bupropion SR dosage.</p> |
| <p>4. What about patients concerned with weight gain?</p> | <p>Bupropion SR & NRT, in particular nicotine gum, have been shown to delay, but not prevent, weight gain.</p> |

5. What about gender differences?

Women have greater:

- Concern about weight gain
- Likelihood of depression
- Hormonal influences (Quit date should not be within 7 days of onset of menses.)

6. Who should be considered for long-term pharmacotherapy

- Those with persistent withdrawal symptoms.

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| 6. (Continued) | Use of these medications long term does not present a known health risk |
| 7. What about combination pharmacotherapy? | <ul style="list-style-type: none">• Bupropion SR can be used safely in combination with NRT.• Combining the nicotine patch with other forms of NRT increases long-term abstinence. |

The 5 “A”s

- Ask: Systematically identify all tobacco users *at every visit*.
- Advise: Strongly urge all tobacco users to quit using a clear, personalized message
- Assess: Determine willingness to quit tobacco
- Assist: Aid the patient in quitting
- Arrange: Schedule follow-up

The 5 “R”s

- Relevance
 - Specific to patient’s disease status
 - Age, gender, socioeconomic status
 - Prior quitting experience

The 5 “R”s

- Risks (including those exposed to second hand smoke)
 - Acute (shortness of breath, asthma, pregnancy, impotence, infertility, and increased CO)
 - Long-term (cardiovascular, pulmonary, and cancers)
 - Environmental (higher rates of tobacco use in children, increased risk for low birth weight, SIDS, asthma, and upper respiratory tract infections)

The 5 “R”s

- Rewards
 - Improved health
 - Food will taste better
 - Improved sense of smell
 - Save money
 - Feel better about yourself
 - Set a better example
 - Home, car, clothing and breath will smell better

The 5 “R”s

- Rewards (con’t)
 - Can stop worrying about quitting
 - Healthier babies and children
 - Reduced wrinkling and aging
 - Increased fertility
 - Perform better in physical activities
(improve military fitness scores)
 - Improved sex-life
 - Decreased social isolation

The 5 “R”s

- Roadblocks (barriers to quitting)
 - Withdrawal symptoms
 - Fear of failure
 - Weight gain
 - Lack of support
 - Depression
 - Enjoyment of tobacco
 - Negative experience from prior quit attempts

The 5 “R”s

- Repetition
 - Unmotivated patients should receive motivational counseling at every medical and dental visit
 - Reassure patients that many people have repeated quit attempts before they are successful

Special Considerations

Pregnancy

Serious risk of tobacco to the fetus & mother.

Quitting anytime during pregnancy benefits fetus & mother.

Options:

- Tobacco abstinence
- Psychosocial support
- If unable to quit, assess the benefits & risks of

Special Considerations (Con't)

Children &
Adolescents

Children

- Both will benefit from provider's intervention message to the parent.
- Counsel both to avoid tobacco
- Prevent access to tobacco
- Secure all NRT products.

Special Considerations (Con't)

Adolescents

- No evidence that bupropion SR or NRT is harmful for adolescents.
- Clinicians may consider their use only with significant nicotine dependence.

Special Considerations (Con't)

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| <p>Occupational risk <i>High risk occupations</i></p> | <p>Use military population considerations, e.g., flight status, .</p> <p><i>Check bupropion SR use with pilots, truck drivers, etc.</i></p> |
| <p>Psychiatric co-morbidities</p> | <ul style="list-style-type: none">• Screen for depression, anxiety, substance use disorder, psychosis, PTSD, eating disorder• Consider referral/consult to Mental Health |

Special Considerations (Con't)

Older smokers (age
>50 years)

Benefits of TUC are
not limited by age.

*Telephone
counseling appears
particularly helpful
with the older user.*

Nicotine Addiction Assessment:

- Nicotine Withdrawal Syndrome (NWS):
 - Four or more of the following signs and symptoms occur after abrupt cessation or reduction in the use of nicotine products:

Nicotine Addiction Assessment:

- 1) dysphoria or depressed mood
- 2) insomnia
- 3) irritability, frustration, or anger
- 4) anxiety
- 5) difficulty concentrating
- 6) restlessness or impatience
- 7) decreased heart rate
- 8) increased appetite or weight gain

Relapse Prevention

- The healthcare team members should
 - congratulate the former tobacco user on his or her success in quitting,
 - discuss the meaningful benefits, and
 - advise the former tobacco user to initially avoid tobacco users and alcohol.

Common problems and appropriate responses after tobacco abstinence:

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| 1. Lack of support | Visits, telephone calls or referral to counseling or support group |
| 2. Mood disorders | Counseling or referral |
| 3. Prolonged nicotine withdrawal symptoms | Combined or extended pharmacotherapy |
| 4. Weight gain | Healthy diet, exercise, counseling & pharmacotherapy |
| 5. Feeling deprived | <ul style="list-style-type: none">• Reassure this is common & temporary.• Screen for relapse.• Suggest a non-tobacco reward instead of tobacco. |